



Work Order Bid (ID)

WORK ORDER INFORMATION

Work Order Name: WO/20002BR-0117/1

Work Order Type: Weatherization

Audit Name: 20002BR-0117AUDIT

CLIENT INFORMATION

Client ID: 20002BR-0117

AGENCY INFORMATION

Agency: Bradley-Cleveland Community Services Agency

Address: 155 Sixth Street SE
Cleveland, TN 37320

Agency Contact: Bloodworth, William D.

Agency Phone: (423) 479-4111

Fax: (423) 479-4113

Email Address: jswestfield@hotmail.com

Work Phone:

Cell Phone: (423) 505-4585

Email Address: Darblood@comcast.net

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

Site built
Built approx 1983
Approx 1040 sqft over full unfinished basement

Measures

Measure 1 DWH Pipe Insulation				Components			Inspected		
Comment									
				Estimated			Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation	Linear Foot	10					
2	Labor	DHW Pipe Insulation	Each	1					
3	Other	DHW Pipe Insulation	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 2 DWH Tank Insulation				Components			Inspected		
Comment									
				Estimated			Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equipment	DHW Tank Insulation	Each	1					
2	Labor	DHW Tank Insulation	Each	1					
3	Other	DHW Tank Insulation	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 3 Fix Improper Venting (Clothes Dryer)**Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Equipment	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		
						<input type="text"/>			

Field Notes:**Measure 4 Fix Improper Venting of Bathroom Exhaust Fan****Components****Inspected****Comment** Vent EXISTING Fan to the Exterior.☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Equipment	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		use dryer vent price							
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		
						<input type="text"/>			

Field Notes:

Comment

Inspected



Other Detail

[illegible]

Measure Sub Total:

Sub Total:		
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Field Notes:

Inspected

Comment Contractor to verify size. House is approx 1040 sqft over a full unfinished basement. Remove and properly dispose of window AC. Remove and properly dispose of existing furnace. Ductwork already installed. Install digital thermostat. Repair any holes in ductwork and airseal all ducts to less than 1.0pa

Other Detail

[illegible]

Measure Sub Total:

Sub Total:	
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Field Notes:

Measure 7 PressureRelief Piping Needed				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Pressure relief piping	Each	1					
2	Labor	Labor	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 8 Supply Temperature Adjustment Needed (Water Heat)				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Equipment	Each	1					
2	Labor	Labor	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									
Work Order Grand Total:							Grand Total:		